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FAX TRANSMITTAL SHEETNO. OF PAGES (including this page): 15

TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attn: Janet L. Andres
Art Unit: 1646
FAX: (703) 872-9306

FROM: Sheela Mohan-Peterson
DATE: August 21, 2003
RE: Docket No.: DX01135
USSN: 09/929,863
Filed: 08/14/2001
Title: Regulatory T Cells; Methods

Any difficulty with this facsimile, please call:
Melanie Lyons at (650) 496-1183

Documents attached:

- Transmittal
- Fee Transmittal
- Extension of Time Request
- Amendment and Response (11 pages)

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A handwritten signature of "Melanie Lyons" is written over a horizontal line.

Melanie Lyons

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PTO/SB/21 (03-03)

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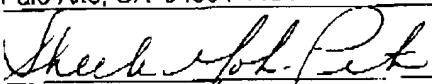
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/929,863
		Filing Date 08/14/2001
		First Named Inventor Megan K. Leving
		Art Unit 1646
		Examiner Name Janet L. Andres
Total Number of Pages in This Submission 15		Attorney Docket Number DX01135

ENCLOSURES (Check all that apply)

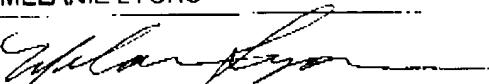
<input checked="" type="checkbox"/> Fee Transmittal Form	Drawing(s)	After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (11 pages)	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	Petition to Convert to a Provisional Application	Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FAX RECEIVED
<input type="checkbox"/> Express Abandonment Request	Request for Refund	AUG 22 2003
<input type="checkbox"/> Information Disclosure Statement	CD, Number of CD(s) _____	GROUP 1600
<input type="checkbox"/> Certified Copy of Priority Document(ies)	Remarks/Enclosures: 1. Fax Transmittal Sheet	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Sheela Mohan-Peterson, Reg. No. 41,201 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104
Signature	
Date	21-Aug-2003

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed	MELANIE LYONS
Signature	
	Date 8-21-03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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PTO/SB/17 (01-03)

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FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 930.00)

Complete if Known

Application Number	09/929,863
Filing Date	08/14/2001
First Named Inventor	Megan K. Levings
Examiner Name	Janet L. Andres
Art Unit	1646
Attorney Docket No.	DX01135

METHOD OF PAYMENT (check all that apply)

Check Credit Card Other None
 Deposit Account:
 Deposit Account Number: 04-1239
 Deposit Account Name: DNAX Research, Inc.
 The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	
Code (\$)	Code (\$)	Code (\$)	
1051 130	2051 65	Surcharge – late filing fee or oath	
1052 50	2052 25	Surcharge – late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 830	2253 465	Extension for reply within third month	930
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive – unavoidable	
1453 1,300	2453 650	Petition to revive – unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1450 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from		
		Extra Claims	Below	Fee Paid
Total Claims	19	-20** = 0	X	= _____
Independent	2	-3** = 0	X	= _____
Claims				
Multiple Dependent				

Large Entity	Small Entity	Fee Description
Fee	Fee	Fee
Code (\$)	Code (\$)	Code (\$)
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0

** or number previously paid, if greater. For Reissues, see above

SUBTOTAL (3) \$ 930

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Sheela Mohan-Peterson	Registration No.	41,201	Telephone 1-650-496-6400
Signature		Date	21-Aug-2003	

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